

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 577024

FILING DATE

4-24-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10	/					
11		/				
12		/				
13		/				
14		/				
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41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		3				
53		3				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
61		3				
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67		3				
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87		3				
88		3				
89		3				
90		3				
91		3				
92		3				
93		3				
94		3				
95		3				
96		3				
97		3				
98		3				
99		3				
100		3				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	84	←		←		←
TOTAL CLAIMS	88					